

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SAF-00100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/29/2022
NAME OF PROVIDER OR SUPPLIER Partners In Abortion Care			STREET ADDRESS, CITY, STATE, ZIP CODE 7305 Baltimore Ave., Suite 107 College Park, MD 20740		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>INITIAL COMMENTS</p> <p>An initial state licensure survey of Partners In Abortion Care was conducted on September 29, 2022.</p> <p>The survey included: interview of staff; an observational tour of the physical environment; review of the policy and procedure manual and review of professional credentialing files.</p> <p>Partners In Abortion Care is in compliance with Code of Maryland Regulations 10.12.01.01 through 10.12.01.20 for Surgical Abortion Facilities.</p>				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE